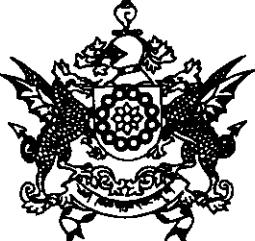


SIKKIM
GOVERNMENT  **GAZETTE**

**EXTRAORDINARY
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No. 193

**GOVERNMENT OF SIKKIM
HEALTH CARE, HUMAN SERVICES & FAMILY WELFARE DEPARTMENT**

No: 61 (b)/HC, HS & FW

Dated: 07.05.2014

NOTIFICATION

1. In pursuance of the guidelines of the Ministry of Health and Family Welfare, Government of India, the State Government is hereby pleased to constitute the "State Level Quality Assurance Committee to redress" dispose and disburse for implementation of Quality Assurance programme as per procedure and time frame laid down in the manual constituting of the following members, namely:-

1. Director General-cum-Secretary	Chairperson;
2. Mission Director, National Health Mission	Vice Chairperson;
3. Director Medical Education and Clinical Establishment	Convener;
4. Additional Director, Health Services cum State Health Officer	Member Secretary;
5. Principal Chief Consultant cum Medical Superintendent, STNM Hospital	Member;
6. Head of the Department Gynaecology, STNM Hospital	Member;
7. Head of the Department Surgery, STNM Hospital	Member;
8. Head of the Department Anaesthesia, STNM Hospital	Member;
9. Head of the Department Paediatrics, STNM Hospital	Member;
10. Head of the Department Medicine, STNM Hospital	Member;
11. Head of the Department Microbiology, STNM Hospital	Member;
12. Medical Superintendent Central Referral Hospital, Sikkim Manipal Institute of Medical Science.	Member;
13. Principal (Nursing Training School) STNM Hospital	Member;
14. President, Government Doctor Welfare Association	Member;
15. President/Representative (Voluntary Health Association of Sikkim)	Member;

16. Legal Officer (Law)	Member;
17. Representative from medical Professional bodies	Member;
18. Any other member of representative of public health organisation of eminence as nominated by the State Government.	Member;

1. Terms of Reference:

State Quality Assurance Committee is a body for the Policy decision and directions. This is also responsible for all Quality Assurance initiative, its success and shortcomings. The primary role of the committees at the state level will be to provide overall guidance, mentoring and monitoring of Quality Assurance efforts in the districts. Some of the Terms of references reflected here are operational in nature and shall be implemented by the State Quality Assurance Unit, which is the operational and implementation arm of State Quality Assurance Committee.

- (1) Developing the Quality Assurance Policy and Guidelines for the State:
 - (a) Using national guidelines, the State Quality Assurance Committee will develop/adapt Quality Assurance guidelines specific to their states.
 - (b) Composition of the state and district Quality Assurance Committee and Quality Assurance Unit.
 - (c) Recruitment of consultants for Quality Assurance at state and district levels.
 - (d) Empanelment of State Quality Assurance assessors who may be retired/serving, part time/ full time as per the state specific need.
 - (e) Expanding the scope of Quality Assurance process as per the states' requirements.

Note: The Recruitment committee should include one nominee from the Ministry of Health and Family Welfare, Government of India.

- (2) Ensuring attainment of the Standards for Quality of Care by Public Health Facilities:
 - (a) The committee will develop 'road-map' for achieving the national standards.
 - (b) Assessment of need of Technical Assistance (TA) by the facilities and mobilisation of such Technical Assistance.
- (3) Mentoring the state/district level units:
 - (a) Ensuring that state/district level orientation and other trainings are conducted timely in a meaningful manner.
 - (b) The support of the technical team at the national level may be taken to prepare a pool of master-trainers at the state/district.
- (4) Periodic Review of the progress of Quality Assurance activities:
 - (a) Will conduct review meetings at 6(six) monthly intervals.
 - (b) Review of Quality scores, attained by different categories of Public Health Facilities.
 - (c) Take decisions for corrective actions and preventive actions.
 - (d) Defining targets and road maps.
- (5) Review and adjudicate compensation claims: under the National Family Planning Indemnity Scheme for cases of deaths, complications and failures following male and female sterilisation procedures. (for detailed procedures to be followed please refer to the manual on "Family Planning Indemnity Scheme 2013", Ministry of Health and Family Welfare, Government of India").

- (6) Supporting quality improvement process:
 - (a) Take visionary decisions for continuous quality improvement and its sustenance.
 - (b) Sanction funds for implementation and improvement of quality.
 - (c) Reflect fund requirement for Quality Assurance in the annual State Plan Implementation Programm(PIP) along with justification.
 - (d) Operationalization of incentive scheme.
- (7) Reviewing Key performance indicators of quality:
 - (a) The suggested Key performance indicators for District Hospitals are given in the Annexure 'A'. The State Quality assurance Committee may add additional indicators in Key performance indicators list.
 - (b) Performance of health facilities as assessed by the Key Performance Indicators would also be discussed during review meetings of Chief Medical Officer /District Health Officer.
 - (c) Reproductive Mother Neonatal Child Health score card can be used for assessing the performance of the facilities.
- (8) Reporting:
 - (a) The committees' review report should be put on the State's Website.
 - (b) The reports would also be shared with all district committees and other stakeholders.

(3) Process

- (a) The state quality assurance committee will meet at least once in 6(six) months.
- (b) The convener will issue meeting notice at least 7(seven) working days before the scheduled date of meeting with the approval of the chairperson/ vice chairperson.
- (c) While every attempt should be made to ensure that the chairperson and/or the vice chairperson are able to attend the meeting, however, in the absence of the chair, the Convenor shall have the right to convene the meeting and conduct it according to the set agenda. Under such circumstances, the minutes of the meeting should be sent to the chairperson and vice chair person for information and ratification.
- (d) The member secretary will ensure the preparation of the agenda notes for meeting, minutes of the last meeting and Action Taken Report (ATR), which will also be circulated in advance to all committee members, at least seven days before the scheduled date for the meetings.
- (e) An attendance by at least one-third of the Committee members will constitute the quorum required for a valid meeting.
- (f) Member secretary will ensure follow-up actions with responsibilities and timelines for the same.
- (g) The "State Family Planning Indemnity Subcommittee" would meet as often as warranted.
- (h) At least three members would constitute the quorum of this subcommittee.

By order and in the name of the Governor.

DR. K. BHANDARI, DM
DIRECTOR GENERAL-CUM-SECRETARY TO THE GOVERNMENT OF SIKKIM
HEALTH CARE, HUMAN SERVICES & FAMILY WELFARE DEPARTMENT

